Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILIN	CE FILING
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AGENCY NAME		CONTACT DEDCOM		r		
Mississippi Department of Educa	contact person Jean Massey	TELEPHONE NUMBER 601-359-3461				
ADDRESS	CITY					
359 North West Street		Jackson		STATE MS	39201	
	SUBMIT DATE	Name or number of rule(s):	1710 39201			
jmassey@mdek12.org	3/11/2016	7 Miss. Admin. Code Pt. 52				
		Simulation and Animation Design REPEAL				
Short explanation of rule/amendment/re	peal and reason(s) for	proposing rule/amendme	ent/repeal: "	To REPEA	L the Career	
and Technical Education (CTE) C	urriculum Guide for	r Simulation and Anii	nation Des	ign as reco	mmended by	
the CTE curriculum revision team.				_		
Specific legal authority authorizing the pr	omulgation of rule: M	S Code 37-31-103				
List all rules repealed, amended, or suspe	ended by the proposed	rule: Title 7 Education	n K-12 Par	t 52		
ORAL PROCEEDING:						
An oral proceeding is scheduled for th	is rule on Date:	Time: Place:		2.4		
Presently, an oral proceeding is not so						
If an oral proceeding is not scheduled, an oral proce ten (10) or more persons. The written request show notice of proposed rule adoption and should include agent or attorney, the name, address, email address comment period, written submissions including arg ECONOMIC IMPACT STATEMENT:	old be submitted to the agen the name, address, email a s, and telephone number of	cy contact person at the above a ddress, and telephone number the party or parties you represe	address within t of the person(s) nt. At any time	wenty (20) days making the requ	after the filing of this lest; and, if you are an	
		-		7FP		
Economic impact statement not requi	red for this rule.	Concise summary of eco	nomic Impa	ct statement	attached.	
TEMPORARY RULES	PROPOSED	ACTION ON RULES	FINAL ACTION ON RULES			
Original filing	Action proposed:	Date Proposed Rule Filed: tion proposed: Action taken:				
Renewal of effectiveness	New rule(s)	0			nanges In text	
To be in effect in days		The state of the s				
Effective date:		Amendment to existing rule(s) Adopted with changes Adopted by reference				
Immediately upon filing	Adoption by		Withdrawn			
Other (specify):	Proposed final effe		Repeal adopted as proposed			
	X Other (specify					
		1.17.4.2.0.2.0		r (specify):		
Printed name and Title of person au	thorized to file rules	Jean Massey, Assoc	iate State S	Superintend	ent	
Signature of person authorized to fi	e rules: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ey			
	DOMOT WRI	TE BELOW THIS LINE	U			
OFFICIAL FILING STAMP	OFFICIAL	FILING STAMP	OI	FICIAL FILING	STAMP	
		1 1 2015 DISSIPPI RY OF STATE				
Accepted for filing by						
wreshied for mink by	Accepted for filln	B DA	Accepted for filing by			

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.